

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	DD	700290	5/14/80
RESPONSE FORMALITY REVIEW			2/1/81
			6/23/80

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/1/80
2	✓	✓	9/1/80
3	✓	✓	9/1/80
4	✓	✓	9/1/80
5	✓	✓	9/1/80
6	✓	✓	9/1/80
7	✓	✓	9/1/80
8	✓	✓	9/1/80
9	✓	✓	9/1/80
10	✓	✓	9/1/80
11	✓	✓	9/1/80
12	✓	✓	9/1/80
13	✓	✓	9/1/80
14	✓	✓	9/1/80
15	✓	✓	9/1/80
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18	✓	✓	9/1/80
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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